

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90407 027 \*\*\*150.00

**DOCUMENT # P98000073377**

1. Entity Name  
**SIL-BROD CORP**



Principal Place of Business  
**2124 NE 123RD ST, STE 205-55  
 NORTH MIAMI FL 33181**

Mailing Address  
**P.O. BOX 771318  
 MIAMI FL 33177**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0875166** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SILVER, LYNNE  
 2124 NE 123RD STREET  
 SUITE 55 ROOM 205  
 NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

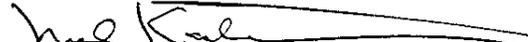
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, LYNNE	
STREET ADDRESS	2124 NE 123RD., STE 205-55	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRODSKY, JENNIFER	
STREET ADDRESS	2124 NE 123RD ST ROOM 205 STE 55	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE	S	<input type="checkbox"/> Delete
NAME	KASTANIAS, NICK	
STREET ADDRESS	2124 NE 123RD ST ROOM 205 STE 55	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D - P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER LYNNE	
STREET ADDRESS	1116 BISCAYNE BLVD # 1451	
CITY-ST-ZIP	NO. MIAMI FL 33181	
TITLE	D - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODSKY JENNIFER	
STREET ADDRESS	16841 ROYAL PINCENUD.	
CITY-ST-ZIP	WESTON FL 33325	
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICK KASTANIAS	
STREET ADDRESS	12343 SW 14535	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3/29/04 305-891-1120**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #